RECORD PERMANENT supplied. UNFADING should plai 0 POF ы Every

0 terms, See instructions mportant.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Ilf death occurred in .....Ward) a hospital or institution, give its NAME instead of streef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED, Drugo 4 COLOR-OR RACE 6 SINGLE. 16 DATE OF DEATH WIDOWED. Ture (Write the word) (Month) (Day L'HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day 7 AGE It LESS than 1 day ......hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employar) ..... 9 BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER M. D. 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death ..... yrs. .... mos. .... \_\_ ds. State .... yrs. \_\_ Where was disease contracted. TO THE BEST OF MY KNOWLEDGE It not af place of death? Former or usual residence (Address ) ... 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," merc symptoms or terminal conditions, such as "As-Bronehopncumonia (secondary), 10 ds. affectiou need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all discases resulting from (Recommendations on statement of (secondary or Intercurrent) Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

1 DI ACE OF DEATH	CTATE OF MADVI AND
PLACE OF DEATH 11795	STATE OF MARYLAND
County Montgony	CERTIFICATE OF DEATH
	Registration Dist, No. 2/0
Village or City Clay smile (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME John Efthran	u lly lore
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR OLVORGED	16 DATE OF DEATH July 17, 1915
mate Mult   ORGIVORCED (Write the word)	17 I hereby certify, That I attended deceased from
6 DATE OF BIRTH	July 17, 1915, 10 July 12, 1915
Sept 16,1915	
7 AGE (Month) (Day (Year)	that I last saw h. Lana alive on Judy 7, 1915
t day,hrs.	and that desth occurred on the date stated above, at
yrs / O mos / ds.   OR min. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Walseylar Kision
(e) Trade, profession, or perticular kind of work	ff ONE LAND
(b) General nature of Indusfry, business, or establishment in	(0
which employed (or employer)	(Ouration)yrs/ds.
State or country) Montgoney Co Ind	Secondary (Duration)
10 NAME OF John Win ay time	(Signed) Lity our Mos. ds.
of FATHER (State or country) mondgony Co had	July 18, 1915 (Address) Loy lons will
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Zadei Ellen Ayhra  13 BIRTHPLACE OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place  In the
OF MOTHER (State or country) / Washing orang to had	of deafhyrsmosds. Sfateyrsmosds  Where was disease contrected,  If not at piece of deafh?
(Intermant) John Wayton	Former or usual residence.
(Address) Derwood and RFD	Par long with County July 19 and
The Day Of Asia - IT the same	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

dy les wille



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from



statement classifled. properly be may that 20 Jo terms, plain EATH in plain c instructions

state PHYSICIANS shou RECORD PERMANENT pinous supplied. 50 Every Item CAUSE OF Important. S

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

fif death occurred la a hospital or lostitution. give its NAME Instead

of street and comber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH MARRIED. manuas 1915 WIDDWED. ORDIVORCED (Month) (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at\_\_ 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of lodustry. business, or establishment in (Duration) \_\_\_ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) ... 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. ... Where was disease contracted, BEST OF MY KNOWLEDGE if oot at place of death? Former or usoal residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKE REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciadditional liuc is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglisis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Sycally oriens	CERTIFICATE OF DEATH
	Registration Dist. No. 223
Village or City Takeria Park (No.	St; Ward)  [If death occurred to a hospital or lostifution, give its NAME Instead
2 FULL NAME Congrestine Sur	by Bourdeau. of street and number.]
PERSONAL AND STATISFICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married.  White Write the word)	(Mopph) (Day (Year)
6 DATE OF BIRTH	17 I HERE'SY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that ! last saw h allye on not known . 191
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 3.25 m,
40 yrs. 2 mos. 2 o.ds. or. min.?	The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or	Stroke of Liethershung
particular kind of work	
business, or establishment in which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country Bushe, Ut.	Contributory Secondary
10 NAME OF Davill T. Bandleuis	(Bigned) 19 HUM Illes , M. D.
11 BIRTHPLACE OF FATHER (State or country) Canada,	*State the DISEASE CAUSING DEATH, OF In deaths from VIOLENIA
OF FATHER (State or country) Canada.  12 MAIDEN NAME Marion Larby	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) England	At place In the of death yrs, mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(Informant)	usual residence
(Address) Uroma With FC	Washington LC July 21 of 1915
Filed July 20 191 76. E. Rogers,	John K. Whight as 1337-10 Wift
. If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anacmia" (merely sym)tomatic), "Atrophy," "Collapse," "Coma," "Conyu) to as," "Debility" ("Congenital," "Senile," et , ropsy," "Exhaustion," "Heart failure," "Haert fri "ge," "Inanition," "Weakness," mns," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medicai Association.) canse of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical d mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of eration was undertaken. Never report



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD stated EXACTLY. 1 PERMANENT carefully supplied. ACE should be si that it may be properly classified. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. of information should be CAUSE OF Important. N.B.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 220

St.;----Ward)

fit death occurred in a hospital or institution, giva its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Single, MARRIED, Widower, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH July 30 - 1915  (Month) (Day (Year)
6 DATE OF SIRTH  May  Shouth)  (Day  (Year)	that I last saw h alive on 26 1915.
7 AGE (1647)  7 AGE (1647)  1 If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or Farm Fand.	Cerebral Cebrees
(b) General nature of industry, business, or establishment in which employed (or employer)  PRITHPLACE (State or country)  Machilacta	Contributory Parales Secondary
11 BIRTHPLACE OF FATHER (State or country)  Maryland,  12 Maiden Name A.	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Weekstoon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the graph of death yrs, mos, ds
(interment) Matelda Brown.	Where was disease contracted, if not at piace of death?  Former or usual residence
(Address) De C/Levan Med 15 Filed July 61, 1915 J. M. White REGISTRAR	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  1915  20 UNDERTAKER  DELLOW Some Superille  par, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers minc, ctc. "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write Nonc. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necfirst line. will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the klud of work and also (b) Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomencla-Injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of mia," "Puerreral peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Is iess definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1915
BUREAU,V.S.

RECORD

PERMANENT

S. No. 1.

UNFADING INK-THIS IS

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH <sup>2</sup>FULL NAME

759



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Colored Single, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 A I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	July 14, 1915, to July 14, 1915, that I last saw hor alive on July 14, 19165
TAGE  If LESS than 1 day // hrs.  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	and that death occurred on the date stated above, at 7 m,  The CAUSE OF DEATH* was as follows:  Prematine Bith  fall of mother.
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF STATHER STATHER	Contributory (Secondary)  (Duration) yrs. mos. ds.  (Duration) yrs. mos. ds.
The state of the s	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant).	If not at place of death?  Former or  usual residence.
(Address) Damascus MA.  16  Filed REGISTRAR	Priendoluh Cemeley July 15, 1916.  20 UNDERTAKER July Danness  Emory Hoodfuld Danneseus Mil.
of it more blanks are needed address State Baris tran &	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nowho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But ln many Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrenal scotichaeetc., when a definite disease can he ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Brenchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH montgomery Brookmour

11800

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or Institution,

FULL NAME GEORGE HEE	ay of street and nombor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE SINGLE, MARRIED, MODERAL WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July 3 1915 (Mohth) (Day (Year)
B DATE OF BIRTH  Fole (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 7, 1915 to July 3, 1915.  that I last saw h
7 AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 4.40 a.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	pf HEart -
(b) General nature of Industry, business, or establishment in which employed (or employer)	Three worthe (Ouration) yrs. mos. ds.
State or country Fairfax & Va	Secondary Second
FATHER Henry Clay	(Signed) Kld Strand, W. D.  full 3 2 1916 (Address) 1639 Cenu act.
11 BIRTHPLACE OF FATHER (State or country) Fairfay Co Va  12 MAIDEN NAME OF MOTHER Clip a Bowman	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Fairfax lo Va	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on Recent Residents) At place In the of death yrs
(Informant) Ben Wade	If not at place of death?  Former or # 1616 - Ey 9 10 24 20
16 Fled fuly 4" 1915 John L. Laevis	20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. With the



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speelstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death—It is a fection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



Coun	1 montgomery	CERTIFICATE OF I	DEATH
Villag	ge or City Sellman (No		[if death occur a hospital or insti give its NAME in of street and nun
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 SE	x 4 COLOR OF RACE 5 SINGLE, MARRIED, MARRIED, WIDOWEO OR DIVORCEO (Write the word)	16 OATE OF OEATH  (Month)  17   HEREBY CERTIFY, That I attended	28 , 1
6 DA	TE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h alive on	
7 AG		and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, at
( a	CCUPATION Trade, profession, or Ticular kind of work	no lourisian present	- lieples
bus	) General nature of industry siness, or establishment in Thouse Reefer ich employed (or employer)	dkathe (Ouration) n	rs. mos.
bus Whi	siness, or establishment in House Reefer  RTHPLACE (State or country) Montgomery Co.M.	Contributory	rs. mos.
9 BI	INTHPLACE (State or country)  10 NAME OF FATHER AUGUSTUS Hacket	Contributory Secondary  (Signed) J. M. Dr. Lilly  (Signed) 30, 1915 J. (Address) Burney	ville h
PENTS SHOWN	State or country)  10 NAME OF FATHER  CUQUESTA: Tacket	(Signed) The DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) where the Cause of Homicioal.	UILLE /
PARENTS and a sound with the sound w	Siness, or establishment in ich employed (or employer)  THETHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIOEN NAME OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 MAIOEN NAME OF MOTHER  (State or country)  15 MOTHER  (State or country)  16 MOTHER  (State or country)  17 MOTHER  (State or country)	(Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) will SUICIOAL OF HOMICIOAL.  1S LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS)  At place  In the of death yrs. mos. ds. Stats,	ville /
S E N B W B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B I S E N B B I S E N B I S	Siness, or establishment in ich employed (or employer)  THE HPLACE (State or country)  TO NAME OF FATHER  TO NAME OF FATHER  THE COUNTRY TO THE PROPERTY CAN THE COUNTRY TO THE COUNTRY TO THE COUNTRY TO THE COUNTRY TO THE COUNTRY CAN THE COUNTRY TO THE COUNTRY CAN THE COUNTRY TO THE COUNTRY CAN THE COU	(Signed)  (Signed)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) will SUICIOAL OF HOMICIOAL.  1S LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTE OR RECENT RESIDENTS)  Al place of death yrs. mos. ds. Stats,  Where wee disease contracted, if not at place of deeth?  Former or usuel residence	walls haths from Violabether Accioent
S E N B W B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B B I S E N B I S E N B B I S E N B I S	10 NAME OF FATHER COUNTRY)  10 NAME OF FATHER COUNTRY)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER COMMOTHER COMMOTHER COMMOTHER (State or country)  13 BIRTHPLACE OF MOTHER COMMOTHER COMMOTHER (State or country)  14 MAIOEN NAME OF MOTHER COMMOTHER COMMOTHER (State or country)  15 BIRTHPLACE OF MOTHER COMMOTHER COMMOTHER (State or country)  16 MAIOEN NAME OF MOTHER COMMOTHER COMMOTHER (State or country)  17 MAIOEN NAME OF MOTHER COMMOTHER COMMOTHER (State or country)  18 MIRTHPLACE OF MOTHER COMMOTHER COMMOTHER (State or country)  19 MICHAEL COMMOTHER COM	(Signed)  (Signe	eaths from VIOLA thether ACCIOENT



[Approved by U. S. Census and American Public Health Association.]

write None. or given up on account of the disease causing death, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hauscheepers precise specification as Day laborer, Farm laborer, Luborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal minc, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, Locomotive engineer, Civil For persons who have no occupation whatever, Stationary fireman, etc. Women at home, who are engaged in At home. Care should be But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be accertained as the on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. cough; Curonic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-"Dropsy," State cause for which Never "Exhaustion, report mere wound



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. N. B.—Every Item of Information should be CAUSE OF DEATH in piain terms. s Important. See instructions on back o

County Moontgonery 11802	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/7
Village or City Fandy Houng (No	St.; Ward) a hospital or institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
16 ale Color or RACE Single, Married, Moderied ORDIVORCED ORDIVORCED (Wirle the word)	16 DATE OF DEATH July 25 , 1919 (Year)
6 DATE OF BIRTH OCT. 22 1866.	June 26 1914, to Left. 16 th 1914.
(Month) (Day (Year)  7 AGE  4 8 yrs 2 mos 2 6 ds OR mln.?  8 OCCUPATION (a) Trade, profession, or particular kind of work	that I last saw how alive on June 2 6 th, 1914 and that death occurred on the date stated above, at 3 P.m. The CAUSE OF DEATH* was as follows: Pulmonary Juborculoses
(b) General nature of industry, business, or establishment in which employed (or amployer)  BIRTHPLACE (State or country)	(Duration) Leverdyrs mos ds.
10 NAME OF Edwin Davis  11 BIRTHPLACE OF FATHER (State or country) Moulg-Bo. Mod.  12 MAIDEN NAME  12 MAIDEN NAME  14 OF MOTHER	(Signed) Lotto . Fargular)  (Signed) Lotto . Fargular)  7-27-, 1912 (Address) Chuy Med  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Moulg. Bo. Abd.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edwin Davis	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted, If out at place of death?  Former or usual residence.
(Address) Sandy Spring. Med. 16 Filed 7-27-1915 Bhos. Fargushar	Place of Burial or REMOVAL  Plante Street Coursely July 25-, 1915  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. Never return "Laborer," Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

scpsis, tctanus) may be stated under the head "Contributory." (Recommendations on statement LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



9		MAN	2 5	エリのリエ	V P C	נט ב	L)	MARGIN RESERVED TON DING	
5. NO. 1.	)								-
	WRITE	PLAINLY,	WITH	UNFADING	INK-TI	HIS IS	4	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	RECC
BEverv item of Information should be carefully supplied. AGE should be stated EXA(	of Infor	mation sh	d bluo	s careful'y s	upplied.	AGE	sho	uld be stated	EXA
should state	e CAUS	E OF DEA	TH in	plain terms	, so that	t it ma	y be	should state CAUSE OF DEATH in plain terms, so that it may be properly classified	sifie
OCCUPATI	ION IS	rery Impor	tant.	OCCUPATION is very important. See instructions on back of certificate.	ions on	back	of co	ertificate.	

1 PLACE OF DEATH

County...

3 SEX

7 AGE

PARENTS

15

ż

Village or City

6 DATE OF BIRTH

(a) Trade, profession, or particular kind of work

9 BIRTHPLACE (State or country)

(Informant)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BES

(b) General nature of Industry business, or establishment in which employed (or employer)

Morely 11500	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2 FULL NAME Sources Degg	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
les Back Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  July 3/, 1915  (Month) (Day) (Year)
OF BIRTH  (Mooth) / (Day) (Year)	that I last saw h alive on 191, 191,
yrs mos 2 1/ds or min.?	and that death occurred on the date stated above, at the month of the CAUSE OF DEATH & was as follows:
ar kind of work  neral nature of industry s, or establishment in  mployed (or employer)	(Buration) yes mos ) are the
NAME OF FATHER OF FATHER (State or country)  MADEN NAME  MADEN NAME	Contributory  Secondary  (Burelien)
BIRTHPLACE OF MOTHER (State or country)  Manualla  BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the state of deeth state of
rmant) South Sign	Where was disease centracted, it not at place of deeth?  Former or usual residence
(Address) Por Cesville	markinsburg July 31, 191 5
uly 3/, 191 5 6 of of tile	29 UNDERTAKER Peles Davis & Sins Porlemeter
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman, (b) Crocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. business or industry, and therefore an additional line tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part But in many cases, If retired from The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by earbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Struck by railway train—accident; Revolver wound of genital," "Senile," etc.), "Dropsy," "Exhaustion," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. "Heart failure," "Huemorrhage," "lnanition," "Marasor miscarriage as "Puehperal septichaemia," The contributory (secondary or intercur-Examples: Accidental drowning, State cause for which Never report mere important.



1 PLACE OF DEATH 50 STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH County. Registration Dist. No. If death occurred in Village or City .....Ward) a hospital or institution. Exa give its NAME Instead of street and number. ] <sup>2</sup> FULL NAME EXACT RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, WIDOWED OR DIVORCED (Day) properly certificate That I attended deceased from 6 DATE OF BIRTH should pe (Month) (Day) (Year) 7 AGE If LESS than 0 may and that death occurred on the date stated above, at ....... 1 day, hrs. (7 was as follows: mln.? 6 OCCUPATION ed (a) Trade, profession, or particular kind of work 20 (b) General nature of industry terms. instructi business, or establishment to > which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) c (Burgtian) 20 10 NAME OF FATHER (Signed) I II BIRTHPLACE (Address) PARENT OF FATHER d \*State the DIBEABE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 50 12 MAIDEN NAME SUICIDAL OF HOMICIOAL. OF MOTHER Information SAUSE OF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER 17 (State or country) of death ..... yrs. Siste. .....mss. ... Every item of in should state CA OCCUPATION Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address 15 20 UNDERTAKER ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the business or industry, and therefore an additional line Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever If retired from without more (b) Auto-

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"Tumor" for malignant neoplasms); Meastes; Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. SUICIDAL, Or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Maras-Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere ACCIDENTAL,



		PLACE OF DEATH	STATE OF MARYLAND
	Cour	managany 101	CERTIFICATE OF DEATH
	Out		Registration Dist. No. 2/3
		han Rockwise	Fit double account to
-	Villa	ge or City/ Ear / Cast rille (No.	a hospital or institution,
	21	(Delosa) Cum	descent and number.
	- 1	<sup>2</sup> FULL NAME	**************************************
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	7 SE	WINOWED MARKED	16 OATE OF DEATH (Month) (Day) (Year)
Sare	6 0.4	TE OF BIRTH	I HEREBY CERTIFY That attended deceased from
		arani 1858	, 191 , to , 191 ,
		(Month) (Day) (Year)	that I last saw he alive on 191,
5	7 AC	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
3	ala	yrs. mos. ds. OR min.?	The CAUSE OF DEATH was as follows:
E 0	8 0	CCUPATION / Trade, profession, or	
SL	, pa	rticular kind of work	decompany Valoula.
CIIC	bu	) General nature of Industry siness, or establishment in	Lears the (Ourstleen) Tyre mos des.
STL	-	ich employed (or employer)	Contributory Such
0		(State or country) and	Secondary
0		10 NAME OF Paince	(Signed) A Law the china. M. O.
tan	ITS	11 BIRTHPLACE	July 6, 191 V (Address) Cochrille Med.
00	RENTS	OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
111	PAR	OF MOTHER Occurred Carrel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Ver		13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
2		OF MOTHER (State or country) Dever New	of death yrs. mos. ds. State, yrs. mos. ds.
5	14 T	HE ABOVE TO THE BEST OF MY KNOWLEDGE	if not at place of deeth?
-		(Informant) Nathan Dens	usuel residence
A COO		(Address) flactrice his	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
20	15		Dayas hed, July 191
	FI	ed	20 UNDESTAKER ADDRESS
		REGISTRAR	1. W/Chimpen Vacabrelle his
		If more blanks are needed, address State Registrar,	10 w. Saratoga St., Batto., Requesting y. S. No. 1.
1			·



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question Women at home, who are engaged in

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid. fever (never report "Typhoid preumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths ctc., when a definite disease can be ascertained as the nius," "Old Age," "Shoek," "Uracmia," "Weakness, "Puerperal peritonitis," etc. cause. Always quality all diseases resuming from curve-birth or miscarriage as "Puerperal septichurmia," genital," "Senile," etc.), lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... "Heart failure," "Haemorrhage," "Inauition," "Maras-"Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childrailway train-accident; Revolver wound The contributory (secondary or intercur-"Dropsy," "Exhaustion, State cause for which Never report mere (Recommendations "Atrophy,"



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DEA'
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
Ite (
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state very

PLACE OF DEATH 11806	STATE OF MARYLAND
County Mint grower	CERTIFICATE OF DEATH
	Registration Dist. No. 216
Village or City thery Charle (No.4/4, C.	Ward)  [if death occurred in a hospital or lostitution, give its NAME instead of street and number.]
2FULL NAME /// MAMM X ,	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mule white Single, MARRIED. Widowed ORDIVORCED (Write the word)	16 DATE OF DEATH 1 2 3 (Month) (Day (Year)
8 DATE OF BIRTH	HEREBY CERTIFY That attended deceased from
(Month) (Day (Year)	that I last saw him alive on July 16 , 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 12 45 am.
yrs / O mos / 7 ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or RR Clerical Work	Trift agent Caresman
business, or establishment in Return for 7 472	(Duration) / yrs gr Atom Zee.
9 BIRTHPLACE (State or country) Rentherly	Secondary (Dorafion) yrs mos ds.
10 NAME OF FATHER Chisha Dynes	(Signed) Thappell, M. D.
OF FATHER (State or country)	July 23, 1915 (Address) & 90 Frank Ors POC,
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER DAMAS STATE  14 MAIDEN NAME OF MOTHER DAMAS STATE  15 MAIDEN NAME OF MOTHER DAMAS STATE  16 MAIDEN NAME OF MOTHER DAMAS STATE  17 MAIDEN NAME OF MOTHER DAMAS STATE  18 MAIDEN NAME OF MOTHER DAMAS STATE DAMAS	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hentucky	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant) John House 2a	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAK
(Address) Chase, Ma.  16  Filed uly 23-191 Thork, Consul	LEVELAND CHO JULY 20, 1915 20 UNDERTAKER ADDRESS
REGISTPAR	Stilliander. 332 Palus Mas
II more blauks are needed, address State Regist	per, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

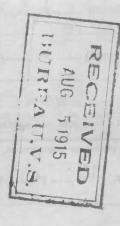


[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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mia," "PUERPERAL peritonitis," ctc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," of



N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	1 PLACE OF DEATH	STATE OF MARYLAND
	2 7	CERTIFICATE OF DEATH
Co	unty Mindgimen	Registration Dist. No. 214
VII	lage or City Budmanlle (No.	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
	FULL NAME This to. Seel.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8		16 DATE OF DEATH 7 27 , 191.8- (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	4 1 1875	
7.	(Month) (Day (Year)	that I last saw h. Zo., alive on
7 A	GE If LESS than f day,hrs.	and that death occurred on the date stated above, at 4 m,
	40 yrs 3 mos 25 ds OR min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION ) Trade, profession, or // //	Sharting Anderstelled M
pa	rticular kind of work.	ff M. M. Marka
	) General nature of Industry, siness, or establishment in	
wh	ich employed (or employer)	(Ouration)
9 B	(State or country) Maryland.	Contributory Secondary
	10 NAME OF SATHER SAME	(Signed) 1-20 Berg M. D.
TS	11 BIRTHPLACE	7/2/7/, 1915 (Address) Sand De 1
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENTS	12 MAIDEN NAME of Mother of Mother of Mother	*State the DISEASE CAUSING DEATH, or, in death's from VioLent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,
,	13 BIRTHPLACE OF MOTHER (State or country)  Plicy	At place In the of deathyrs, mos ds. Stateyrs, mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
13.3	(Interment) R. N. K. Seec.	Former or
		usual residence.
	(Address) Centraville Def	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	AL I CALPER I	Molert Oellmin 1/29/, 191 5
Fil		20 UNDERTAKER ADDRESS
	If more blanks are needed address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
3	access, address blate neglis	tian, o in Frankin St., Dailo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcintesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all discases resulting from Mcasics (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



RECORD PERMANENT ā PO mportant. CAUSE

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 210 If death occurred in St .....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL 3 SEX 16 DATE OF DEATH WIDOWED. Write the word) DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at 12:30 Pm. 1 day,....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... BIRTHPLACE (State or country) PARENTS \*state the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place in the OF MOTHER (State or countr \_\_\_\_\_ yrs. \_\_\_\_ mos. ... State .... yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. if not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Laylonswelle

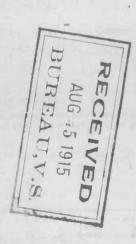


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who have no occupation whatever, write None. causing death, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. ication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. addition. I line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil enuncer, Stationary fireman, etc. But In many cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. Physician Compositor, Architect, Locomotive engineer, first die will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthfuland every person, irrespective of age. Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) lujury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; "Contributory." by carbolic acid—probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



RECORD

PERMANENT

state si NOI PHYSICIANS Shoul statement classified. may 000 terms. n back plain instructions 2 I EAT 0 OF mportant. Every It

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 223. Ilf death accurred in a hospital or institution, give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED, U 191.5 WIDOWED, (Write the word) (Month) (Day (Year) FY. That I attended deceased from 6 DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day ......hrs. was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) \_\_\_\_\_yrs.\_\_ which employed (or employer) .... 9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ..... yrs. .... \_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. Where was disease contracted, 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 MINDER AKE DDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewere, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion,"



S. No. 1.

RECORD classified. stated PERMANENT D.O should 4 may AGE 2 THIS supplied INK 20 UNFADING carefully WITH pinods PLAINLY, of Information WRITE

1 PLACE OF DEATH EXACTLY. PHYSICIANS sified. Exact statement of PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE WIDDWED OR DIVORCED (Write the word) be properly cortificate. 6 DATE OF BIRTH (Day) (Month If LESS 7 AGE of 1 day,.... back OR .... that OCCUPATION
(a) Trade, profession, or 0 particular kind of work Instructions b) General nature of ludustry terms, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER important 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER VOLY 13 BIRTHPLACE Every item of Inforshould state CAUS (State or country) 14 THE ABOVE IS TRUE TO THE BEST KNOWLEDGE (Address) 15  $\omega$ ż

### STATE OF MARYLAND CERTIFICATE OF DEATH

/	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
20	on street and number.		
	MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH  July 30 , 1  (Month) (Day)			
( <i>f</i> (	that I last saw him alive on Judy 29, 1915.		
an	and that death occurred on the date stated above, at		
rs.	The CAUSE OF DEATH * was as follows:		
	acute dysentery		
	J		
	Contributory Secondary  (Sursiles)  (Signed)  (Buration)		
	181 (Addross) Silver Spring		
	Silven Somme		
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the		
	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSERS, state (1) MEANS. OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the sf death yra. mes. ds. Slate, yrs. mes. disease contracted, if not at place of death?  Farmer or		

If more blanks are needed, address State Regi



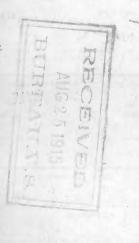
[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part At home. Care should be Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association. state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephrilis, etc. The contributory (secondary or intercuron statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL sephichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . . . (name origin; "Cancer" is less definite; avoid use of Never report mere important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Dr.

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B. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT certificate. See instructions on back of PLAINLY, WITH Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

DATE OF BURIAL

ADDRESS

Village or City & Eneca Md (No.	St.; Ward) [If death occurred in a hospital or institution,
* PULL NAME Kitura, Elizabe	give ite MAMF instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX girl 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  Month (Day) (Year)  17. I HEREBY CERTIFY. That I attended deceased for
6 DATE OF BIRTH (Month) (Day) (Year)	July 26 , 1915 to 191 , that I last saw here alive on July 26 , 1915
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 5 mm. The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work	(Duration)yrsmos. 7ds.
9 BIRTHPLACE (State or country) SENECA. Md.	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF James Jackson	(Signed) 21. D. Louse, M. D.
C OF FATHER (State or country) Seneca md.	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
OF MOTHER Geneva & martine  13 BIRTHPLACE OF MOTHER (State or country) & Eneca md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age who have no occupation whatever, write None. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purspersal scottchace mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronk ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG :5 1915
BUREAU, V.S.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.. It death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h \_\_\_\_\_ affive on ..... (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at f day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration which amployed (or employer) State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE .... (Address) ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place

Very state si NOI OCCUPATION PHYSICIANS RECORD statement PERMANENT classified. pe 9 THIS properly AGI supplied. pe UNFADING may certificate. 80 6 WITH back terms, hould 00 plain Instructions = OF MOTHER (State or country) EATH of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death?-DO Former or OF Ea Every Item CAUSE OF Important. usual residence DATE OF BURIAL (Address) 15 ., 191 ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Registran 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent)



PERMANENT UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF I

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PLACE OF DEATH	12/69
County Moulgours	ny.



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

Village or City Nowood (No	St.; Ward)  [If death occurred la a hospital or Institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RAGE 5 SINGLE, MARRIED, Jurgles of Diverges (Write the word)	16 DATE OF DEATH  July 6th, 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I last saw h slive on, [91
**Soccupation (a) Trade, profession, or particular kind of work  (b) Seneral nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date atated above, at 12 m  The CAUSE OF DEATH* was as follows:  Four vitality Astheria and  Fronchofmenionia, No physician in  attendance, Above some bleely  (Duration) yrs mos 7 68
OF ATHER CE (State or country) Moving. Coo, U. d.  10 NAME OF FATHER Mickeyway  11 BIRTHPLACE OF FATHER (State or country) Mickeyway  12 MAIDEN NAME OF MOTHER Felley  13 BIRTHPLACE OF MOTHER (State or country) Moving. Coo. Med.	Contributory Secondary  (Doration)  (Signed)  Chas Farquiar Ho D, M. D.  7-7-, 1912 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Horpitals, Institutiona, Transients, or Recent Residents)  At place  In the  of death yrs. mos. ds. State yrs. mos. ds.
(Informant) Acuse If selley,  (Address) Nowood  15  Filed 191 Registrar  If more blanks are needed, address State Registers	Where was disease contracted, If not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL  AT House, feloca Total  20 UNDERTAKER Franch Holler  Bewry Feelbey  Nowwood, Med.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal scptichacmus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis cant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



200

CSICIANS should OCCUPATION IS PHYSICIANS RECORD statement PERMANENT EXACTLY. ciassi should properly INK ed. UNFADING liddns may certificate. that 80 0 back terms, 60 plain Instructions = DEATH 0 EB OF Every Item CAUSE OF Important.

Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred is a hospital or institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. 191 WIDOWED, (Month) (Day (Year) ORDIVORGED (Write the word) I HEREBY CERTIFY. That I stlended decessed from DATE OF BIRTH (Month) (Day (Year)/ TAGE If LESS than and that death occurred on the data stated 1 day .....hrs. OR ....min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ \_ ds. State Where was disease contracted, THE ABOVE IS TRUE LEDGE If not at place of death? Former or osual residence

(Address)

15

OF BURIAL, OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from For vio of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 31915
BUREAU, V.S.

T.
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	PLACE OF DEATH 11814	STATE OF MARYLAND
0.	Moulgamery	CERTIFICATE OF DEATH
Coun	ty	Positivation Dist No. 223
		Registration Dist. No.
Villag	ge or City Takona Varke (No.	St.; Ward) [If death occurred in a hospital or institution,
40.0	9 30	give its NAME Instead of streef and number.
1-	2 FULL NAME Dorathy V. ler	nes " " or officer and numbers]
F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, Luis	16 DATE OF DEATH July 15- 101
7	made White WIDOWED on DIVORCED (Write the word)	(Month) (Day) (Year)
6 00	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
DA	Feb 27 -915	, 191 , to , 191 ,
49	(Month) (Day) (Year)	that I last saw h la alive on frue 26, 1915,
7 AG		and that death occurred on the date stated above, at 6.4.m.
	yrs mos ds 1 day, firs.	The CAUSE OF DEATH * was as follows:
6 00	CCUPATION	
1 (a	Trade, profession, or the first kind of work.	On andieno:
(b)	General nature of industry	A. Current
whi	iness, or esfablishment in ich employer)	(Duration) yrs. mes. ds.
9 BI	RTHPLACE (State or country) Jakoma Md	Contributory
	10 NAME OF John J. Hernes.	(Signed) Hilley: M. O. Takona Park DC.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PARENT	of MOTHER Clas Lewis	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	of MOTHER (State or country)	Al pisce of deathyrsmosds. Siete,yrsmosds.
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not st pisce of death?
	(Informant) Cellai Lewes	Former or
	(Address) Takomas mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1.1.60	Washington, D. C. July 15, 1915
File	of July 15 1915 Ho. E. Tingers.	20 UNDERTAKER ADDRESS
	REGISTRAR	John Muglitted 1337-10 St MV.
	If more blanks are needed, address State Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Former or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Stationary fireman, etc. Women at home, who are engaged in But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For Violent Deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as cause. "Heart failure," "Huemorrhage," "Inanition," "Maras-"Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock." "Uracnia." "Weakness," Always qualify all diseases resulting from child-"Coma," (merely symptomatie), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"PUERPERAL septichaemia," acid-probably ("Con-



S. No. 1.

### be properly classified. Exact statement of OCCUPATION is very PERMANENT PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE N. B.—Every Item CAUSE OF

1 PLACE OF DEATH 47/1 . 1.

11815 7



### STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty flomgoners	9) CERTIFICATE O	DEATH
		Registration Di	st. No.
	Tokorka Jarb		. If death occurred in
VII	ilage or City (No,	St.; Ward	) a hospital or lostitution,
	10.7 50	10-107 0 -	give Its NAME Instead of street and number.]
	FULL NAME Chroshue Co	Jabe De Me Jule	el, j
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 s	EX COLOR OR RACE SINGLE,	16 DATE OF DEATH	-06 mit
1	married, single widowers	(Month)	(Day (Year)
A	entitle sixtual (Write the word)	17 I HEREBY CERTIFY, That	I attended deceased from
8 D	ATE OF BIRTH	, 191 , to 1	3.95 191.5.
	July 25 /5 , 1 9/8	1	1
7	(Month) (Day (Year)	that I last saw h alive on	
, A	GE If LESS than	and that death occurred on the date state	d above, st
	yrs mos 100 ds, OR min.?	The CAUSE OF DEATH* was as follows:	
8 0	CCUPATION	A land to the total	······································
	) Trade, profession, or	***************************************	***************************************
	articular kind of work	***************************************	t Av <del>orson 10100000 2 200</del> 0000 2000000000000000000
bu	siness, or establishment in	(Duration)	vre moè de
_	nich employed (or employer)		,
* B	(State or country) Takmin Park, Md		
	10 NAME OF	/1/1/1/1/	yrsds.
	FATHER alley ander Mc Solirles	(Signed)	, M. D.
TS	11 BIRTHPLACE	109 9 5, 191 / 5 (Address) / a 1	koma Park
Z	OF FATHER (State or country) Critario Canada	*State the DISEASE CAUSING DEATH, O	r, in deaths from VIOLENT
ARENT	12 MAIDEN NAME)	*State the Disease Causing Death, of Causes, state (1) Means of Injury; a tal, Suicidal, or Homicidal.	nd (2) whether Acciden-
۵	OF MOTHER Kessir Belieuger	18 LENGTH OF RESIDENCE (FOR HOSPITALS	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
	OF MOTHER (State or country) Reading. Ja,	of death yrs mos ds. State .	yrs ds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
	(Informant) allxanden Megaline	Former or	9 0 1 0 2 1 0 2 2 0 0 0 0 0 0 0 0 0 0 0 0
		usual residence	2 * 6.60 * 2 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6
	(Address) Jakoma Part, Red.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	0 - 4100	Rock levek	July 25 , 1915
Fi	180 July 25 195 HEN oyees	20 UNDERTAKER	ADDRESS
	PECIETRAS	John Miller I. M.	1237-10 81500

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil envincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," ctc.), "Dropsy," "Exhaustlon," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) (Recommendations on statement of Never report



RECORD

V. S. No. 1.

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;----Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jest 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I hereby Certify. That I attended deceased from the state of the st
(Month) (Day (Year)	that I last saw h San after on hely 3/ 1915
AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at //- 45 P. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or Backgraph of work.	Cholerce Xu Jan In
b) General nature of Industry, usiness, or establishment in thich employed (or employer)	(Duration) yrs mos 2
(State or country) In any land	Contributory Secondary  (Duration) yrs mids
10 NAME OF William H Incholoon	(Signed) / / / / x / x
11 BIRTHPLACE OF FATHER (State or country) Many land	*State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Indian and (2) whether Addison
12 MAIDEN NAME NOVA Les Enstore	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acdidity, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Sucary Country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos
(Informant) Is the to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Devocood End Route	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
110d 8-2-, 1915 Chas. Farguhar	For Hell Aug. Fued, 1915  20 UNDERTAKER.  ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on aeeount of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

It death occurred in

Villa	ge or City(No,	(Mard) a hospital or institution,
1.	2 FULL NAME X Ray	give its NAME instead of street and number.]
Ų.	PERSONALIAND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DA	7 /2 19/V (Month) (Day) (Year)	that I last saw h alive on , 191 , 191 ,
7 AG	yrs. mes. ds.   1 day, hrs.   0R min. ?	and that death occurred on the date stated above, at
pa (b bu	CCUPATION ) Trade, profession, or ricular kind of work ) General nature of industry siness, or establishment in ich employed (or employer)	(Ouration) yrs. mos. ds.
9 B	INTHPLACE (State or country)  No NAME OF	Contributory Secondary  (Quration) yrs. "mes. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)  19t. (Address) Reclinelle L.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, Suicidal or Homicidal.
PAR	of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place in the of death yrs. mos. ds. Stale, yrs. mos. ds.  Where was disease contracted,
14 T	(informant) The BEST OF MY KNOWLEDGE	If not at place of death?  Former or  usual residence
15	(Address) Dinon ma	Des praid of Removal DATE OF BURIAL
	ed	20 UNDERTERER LA WAS LA ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mili; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Freman, etc. But in many cases, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent dearns "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal scritchuemia," cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Dehility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never rent) affection need not he stated unless important cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," The contributory (secondary or intercurcarbolic acid-probably "Exhaustion," ACCIDENTAL, report merc ("Con-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 210 Ilf death occurred in Ward) a hospital or institution, give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED. WIDOWED, (Write the word) Month) (Day (Year) I HEREBY CERTIFY. That attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE .191-5 - (Address) PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIDIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_ ds. State \_\_\_\_\_ yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF KNOWLEDGE If not at place of death? Former or usual residence DATE OF BURIAL (Address) --15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, pertionaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thonia," "Anaemla" (merely symptomatic), "Atrophy," aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e.g., childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) State cause for



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE

'PLACE OF DEATH

County Willage or City Lan Johnson (No. 2 FULL NAME 1080 VICTORIA S

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

...St.;.....Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	DATE OF DEATH  (Month)  (Day  (Year)
Dac' 24 1871	that I jest saw h & Three on 23" 1915
(Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs.   OR	and that death occurred on the date stated above, at 4:30 P.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in	mished would of chest.
**State or country)	Gentributory Jally on hade.  Secondary (Dorallon) Wystell most ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  74	(Signed) Local Regis Kar, M. D. July 20", 1915 (Address) Political Ned
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER STALIA  Back over	*State the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS FRUENO THE BEST OF MY KNOWLEDGE	At place of death 2 yrs. 6 mos. 2 ds. State 2 yrs. 6 mos. 4s Where was disease contracted,
(Informant) A. E. Sauds	Former or usual residence. Washington &C.
Fliedfuly 23, 191 5 - Mrs. H. T. Ratt rlef. Lucal REGISTRAR	PATE OF BURIAL OR REMOVAL  PATE OF BURIAL  PAT
II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occorred in a hospital or institution. give its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE 3 SEX MARRIED, WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) (Secondary) 9 BIRTHPLACE (State or country) (Deration) 10 NAME OF FATHER 11 BIRTHPLACE 191 5 (Address) 17 8 ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. ... Where was disease contracted. If not at place of death?..... (Informant) usual residence. OF BURIAL 15 29 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scotichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ture of the American Medical Association.) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (disease causing "Dropsy," (name origin; "Can-The nature of the death), 29 ds.; "Exhaustion," Never report



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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St:....Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Jen WIDOWED. (Month) ORDIVORCED (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH ...., 1914 to. alive on .... (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at... 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... mia. ? BOCCUPATION (a) Frade, profession, or particular kind of work carr (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE Contributory (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ ds. State Where was diseasa contracted. If not at place of death?. Former or (informant) usual residenca OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

., 1915.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement childbirth or miscarriage, as "Puerpural septichaeture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, (name origin; "Can-Never report Examples: For VIO-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Chuy Chas (No. 27 STULL NAME William So	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 26  Ward)  [If death occurred is a hospifal or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Wilsone,	18 DATE OF DEATH July 1915  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from December 1914, to July 17, 1915.
(Month) (Day (Year)  7 AGE 37 If LESS than 1 day,hrs.  9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	and that death occurred on the date stated above, at 3 pm,  The GAUSE OF DEATH* was as follows:  The CAUSE OF DEATH was as follows:
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  NAME OF	Contributory Secondary (Duration) yrs 5 mos ds.
11 BIRTHPLACE OF FATHER (State or country) Susen Jermanny  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN N	(Signed)  , 191 J. (Address) 3.90   Grand Color Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Wheeling West Va  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the ot death yrs. mos. ds. Sfate yrs, mos. ds  Where was disease contracted, If not at place of death?
(Interment) Allan, John ann (Address) 537 Boll Levo Filed 18 1915 John Levo REGISTRAR  If more blanks are needed, address State Regist	Former or  Justal residence  19 PLACE OF BURIAL OR REMOVAL  Wash. D.C.  20 UNDERTAKER  4443 - 751. Sw.  rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. Never return "Laborer," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

injnry, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, thre of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which sprgical operation was undertaken. For vioaffection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senlle," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

who receives definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (c) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Cool mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menintunqualified, is indefinite); Tuberculosis of lungs, menintunqualified,

genital," nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which hirth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uracruia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility": ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of eause. etc., when a definite disease can be ascertained as the (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from ehild-The nature of the injury, as fracture of skull "Senile," etc.), "Dropsy," "Exhaustion,



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD or information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

PLACE OF DEATH

y montgonery

Village or City Librer Spring (

11823

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 20212

St.;----Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]

2FULL NAME

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH Cleath Leusenoun 191 (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last aaw h alive on, 191
7 A	(2001)	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or floular kind of work	Tremature troth abandoned + decomposed
bus	Oeneral nature ot Industry, Iness, or establishment in ch employed (or employer)	(Ouration) yrs mos ds.
9 8	RTHPLACE (State or country)	Gontributory. Secondary
	10 NAME OF FATHER	(Signed) (Ouration) yrs mos ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTED
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ct death yrs, mos ds. State yrs, mos ds
	Informant)	Where was disease contracted, If not at place of death?  Former or Usual residence
15	(Address)	Place of BURIAL OR REMOVAL DATE OF BURIAL Puly 29 191 5
Fil	of July 29, 1915 - H. H. Howlett Begistran	W. R. Prambly by Rockville



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG1 0 1915
BUREAU,V.S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St.; -Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 28 (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary downor (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTA, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ \_ ds. State \_\_\_\_\_ yrs. \_\_\_ Where was disease contracted. it not at place of death? Former ar usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing neath, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.\_\_\_

Ilt death occurred in -Ward) a hospital or institution. give its NAME instead ot street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIEO. WIDOWED, (Month) (Year) ORDIVORCEO (Write the word) I attended deceased from 6 DATE OF BIRTH (Month (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at t day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \* tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) 13 BIRTHPLACE At place · In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESO

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for



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[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Doy loborer, Form laborer, Laborer state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. "Heart failure," "Hacmorrhage," "Inamition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of The contributory (secondary or intercur-State cause for which Never report mere



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 0

		•
	PLACE OF DEATH 11827	STATE OF MARYLAND
	mentamen 6. 6	CERTIFICATE OF DEATH
Co	unty Monty miles co	(0)
	1/2/	Registration Dist. No. 22
Vil	lage or City Takoma Vark (No.	St.; Ward) [If death occurred in
		a hospital or lostitution, give its NAME instead
	FULL NAME Killiam Mr	relanthon Moolsey, of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OF RACE 5 SINGLE, MARRIED, MENLES	18 DATE OF DEATH
/	MAIL WIDOWED.	(Month) (Day (Year)
	ORDIVORCED (Write the word)	1 HEREBY CERTIFY, That I attended deceased from
D	ATE OF BIRTH MALL SOLD 91 811	July 18, 1915, to July 16, 1915.
	Musica 26, 103/	that I last saw h my alive on July 16 1915
7 A	(Month) (Day (Year)	10.45
~	GE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 10
	64 yrs. 3 mos. 20 ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	- Latinowe Duch Colo Mighting
	Trade, profession, or charming	
(b)	General nature of Industry,	
bus	iness, or establishment in ch employer)	(Ouration) Styrk mos ds.
_		Contributory
	RTHPLACE (State or country) Terrille,	Secondary
	10 NAME OF P	(Duration) mos ds.
	FATHER Smapart. Novesees	(Signed) M. D.
IS	11 BIRTHPLACE	( Address) / akonia Park, Ml
ENT	OF FATHER (State or country) / ownessee	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
4	OF MOTHER alice Bud,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPERS
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
	OF MOTHER (State. or country) Curessee,	of death yrs mos ds. State yrs mos ds
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Termessee,
	(Informant) Ada V. Horbey,	Former or 6
	C A T	usual residence Allenewelle Illum
	(Address) Gelsilville I einer.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	0 0/ 5 00	Washington JC July 17, 1915
FII	ed July 1) 191 . (O. Koguro,	20 UNDERTAKER ADDRESS
	PEGISTRAR	Total Nughtle 1337-10 Sty
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Meastes; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



		Registration Dist	No215
Vil	1288 OF ONLY Darnestown (No	Joeckel St.; Ward)	a hospital or give its MAI of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 s	MARRIED, Lind mind	16 DATE OF DEATH July —  (Month)  17 I HEREBY CERTIFY, That I	24th
6 D	ATE OF BIRTH  Aphenoton, 1848.  (Month) (Day (Year)	that I last saw hallye on	
7 A	(-13)	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	
) pa	OCCUPATION Quartermasles tary yard ricular kind of work washington of o.g.	in automobile acc Dead in a few mo	
bus Whi	General nature of Industry, ilness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)  Ballinger (II. Ind.	uchtomobile leverment	tyrtle
	10 NAME OF FATHER Alnknown	(Signed) Challe H. Nou	re mo
ARENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, Causes, state (1) Means of Injury; an Tal, Suicidal, or Homicidal.	
<u>d</u>	13 BIRTHPLACE OF MOTHER (State or country)  Sermany		INSTITUTIONS, T
	(Informant) alex G. Carlesle - Undertaken	Where was disease contracted, If not at place of death?  Former or usual residence.	***************************************
15	(Address) Gaithersburg Md,	Baltimore md.	Tare of Bu
Fil	86 7. 29, 1915 lettourse mb.	20 UNDERTAKER	ADDRESS

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STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [It death/occurred in Ward) a hospital or institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDEWEO, ORDIVORCED (Write the word) 1913 (Year) 17 I HEREBY CERTIFY. That I attended decessed from 6 DATE OF BIRTH (Month (Day (Year) TAGE It LESS than and that death occurred on the date stated shove, f day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or None particular kind of work. (b) General nature of industry, business, or establishment in 20 ds which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_ yrs. \_\_\_ mos. \_ \_ ds. Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL OF BURIAL 15 20 UNDERTAKER DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., (Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

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